#### **Application Data Sheet**

#### **Application Information**

Application number:: To be assigned

February 15, 2002 Filing Date::

Application Type:: Regular

Subject Matter:: Utility

VACCINATION WITH PEPTIDE OF MHC CLASS Title::

II MOLECULES FOR TREATMENT OF

**AUTOIMMUNE DISEASE** 

Attorney Docket Number:: 014058-002940US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

**Total Drawing Sheets::** 8

Yes Small Entity?::

Petition included?:: No

No Secrecy Order in Parent Appl.::

**Applicant Information** 

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: **Full Capacity** 

Given Name:: Subramaniam

Middle Name::

**Sriram** Family Name::

Name Suffix::

Nashville City of Residence::

State or Province of Residence::

TN

Country of Residence:: US

2917 22nd Avenue South Street of Mailing Address::

Page 1

Initial 2/6/02

City of Mailing Address:: Nashville

State or Province of mailing address:: TN

Country of mailing address::

Postal or Zip Code of mailing address:: 37215

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Bishwajit

Middle Name::

Family Name:: Nag

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 34353 Eucalyptus Terrace

City of Mailing Address:: Fremont

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94555

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Somesh

Middle Name:: D.

Family Name:: Sharma

Name Suffix::

City of Residence:: Los Altos

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

44 Stuart Court

City of Mailing Address::

Los Altos

State or Province of mailing address::

CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94022

## **Correspondence Information**

Correspondence Customer Number::

20350

## Representative Information

Representative Designation::

Representative Number::

Representative Name::

**Primary** 

34,774

Kevin Bastian

Associate

41,303

Andrew T. Serafini

#### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This application is a

Continuation

09/286,274

04/05/1999

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

# **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::